MARYLAND STATE DEPARTMENT OF HEALTH

10116

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 477 W. Bel Air Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 477 W. Bel Air Ave.

3. NAME OF DECEASED (Type or Print) (First) Beulah (Middle) Baker (Last) Adams.

4. DATE OF DEATH (Month) 10 (Day) 22 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 10-1886

9. AGE last birthday 66 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles W. Baker

14. MOTHER'S MAIDEN NAME Emma F. Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT J. Victor Adams - Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) CORONARY OCCLUSION	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 20 1950, to OCT. 22, 1953, that I last saw the deceased alive on SEPT. 24, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE Brown McDonald Jr. (Degree or title) M.D. ADDRESS Aberdeen Md. DATE SIGNED 10-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/25/53

NAME OF CEMETERY OR CREMATORY Baker's Cemetery

LOCATION (City, town, or county) (State) Aberdeen, Maryland

DATE REC'D BY LOCAL REG. Oct. 24-1953

REGISTRAR'S SIGNATURE Millie R. Berry

24. FUNERAL DIRECTOR John G. Darrin ADDRESS Aberdeen, Maryland.

RECEIVED
OCT 27 1953
BUREAU V. S.

10117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE-de-GRACE 35 | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital 30

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE-de-GRACE 35
STREET ADDRESS (If rural, give location) 727 Onterio St.

3. NAME OF DECEASED (Type or Print) (First) Leila (Middle) (Last) Barnes

4. DATE OF DEATH (Month) October (Day) 21 (Year) 1953

5. SEX Female FEMALE | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE | 8. DATE OF BIRTH 11/4/1867 | 9. AGE last birthday 85 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 11. BIRTHPLACE (State or foreign country) MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bennett Barnes | 14. MOTHER'S MAIDEN NAME Margaret Tignor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. Unknown | 17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Myocarditis - Chronic Diffuse

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis - Cardiac Insufficiency

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-14, 1953, to 10-21, 1953 that I last saw the deceased alive on 10-21, 1953, and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Havre de Grace Md. DATE SIGNED 10-21-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 10/24/53 | NAME OF CEMETERY OR CREMATORY Angel Hill | LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 24-53 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR [signature] ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

I

RECEIVED
OCT 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10118

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL ~~OR~~ and give nearest town) LENGTH OF STAY (in this place)
TOWN Forest Hill Rural X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~
TOWN Forest Hill, X Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Andrews (Last) Barrow
4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Sept. 9, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Andrews
14. MOTHER'S MAIDEN NAME: Mary Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mr. Preston Barrow Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 12 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) anteriosclerotic cardiovascular disease — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1953, to Oct. 10, 1953, that I last saw the deceased alive on Oct. 9, 1953, and that death occurred at 3:15 AM, from the causes and on the date stated above.

SIGNATURE Paul S. Stonecipe Jr. (Degree or title) M.D. ADDRESS 615 Hickory Ave Bel Air. DATE SIGNED 10/10/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial DATE THEREOF Oct. 12 1953 NAME OF CEMETERY ~~OR CREMATORY~~ Deer Creek Cem LOCATION (City, town, or county) Harford Co., Md. (State)
DATE REC'D BY LOCAL REGISTRAR Oct. 11, 1953 REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10119

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air (rural) X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel-Air (rural) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) George (Last) Blaney

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Dec. 14, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 9 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: U.S. Mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Rocks, Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Washington Blaney

14. MOTHER'S MAIDEN NAME: Susan Jane Nagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Charles Arthur Blaney, Street, Harford Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 10 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1953, to Oct 4, 1953 that I last saw the deceased alive on Sept 14 1953 and that death occurred at 4 AM ±, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles A. Neff M.D. ADDRESS Street Md. DATE SIGNED 10-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 6, 1953 NAME OF CEMETERY OR CREMATORY Holy Cross LOCATION (City, town, or county) (State) Rocks, Harford Co Md.

DATE REC'D BY LOCAL REGISTRAR 10-5-53 REGISTRAR'S SIGNATURE Priscilla Fombood

24. FUNERAL DIRECTOR Martin D. Kurtz ADDRESS Jarrettsville, Md.

VS. A

RECEIVED
OCT 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10120

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY DOA Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanie de Grace
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELAIR
STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print) (First) RONDA (Middle) DAVID (Last) BLEVINS
4. DATE OF DEATH (Month) October (Day) 16 (Year) 1953

5. SEX male
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH unknown
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) HARFORD CO., MD.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Ronda Blevins
14. MOTHER'S MAIDEN NAME JANET ANDERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NO
17. INFORMANT AND ADDRESS RONDA D. ANDERSON, BELAIR, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X Immediate cause (a) Fracture skull — INTERVAL BETWEEN ONSET AND DEATH —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U S Route 1 (CITY OR TOWN) Bel Air (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) 10/16/53 (Day) (Year) (Hour) 8P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident auto-auto type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md. 10/17/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 10-20-53
NAME OF CEMETERY OR CREMATORY PINE GROVE
LOCATION (City, town, or county) YORK CO. (State) PA.

DATE REC'D BY LOCAL REG. Oct. 17-53
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR John H. Harkins ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 20 1953
BUREAU V. S.

121

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PYLESVILLE X Rural
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pylesville X Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BRENDA (Middle) — (Last) BRADLEY
4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1953
5. SEX Female
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 23-54
9. AGE last birthday 1 yrs. If under 1 year Months 3 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Brandy Tazwell Co Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bernard Bradley
14. MOTHER'S MAIDEN NAME Beulah Dye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Bernard Bradley, Street md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

929.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
(CITY OR TOWN) PYLESVILLE R.D. (COUNTY) HARFORD (STATE) MD
TIME OF INJURY (Month) Oct (Day) 30 (Year) 53 (Hour) 2:30 p m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? FELL IN SPRING

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Joseph A. Jachimczyk (Degree or title) M.D. ADDRESS 100 Fleet St. Baltimore 2, Md. DATE SIGNED 10-31-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 1-53
NAME OF CEMETERY OR CREMATORY Sharon View
LOCATION (City, town, or county) Forest Hill md (State)
DATE REC'D BY LOCAL REG. 10-31-53
REGISTRAR'S SIGNATURE Priscilla Towood
24. FUNERAL DIRECTOR Martin Kurtz ADDRESS Jarrettsville md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10122

CERTIFICATE OF DEATH

Reg. Dist. No. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U.S. Army Hospital Aberdeen Proving Ground.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
STREET ADDRESS (If rural give location) 343 South Deen St.

3. NAME OF DECEASED: (Type or Print) (First) Betty (Middle) May (Last) Choate

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: October 19, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 14 Min. 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Earl Choates
14. MOTHER'S MAIDEN NAME: Elizabeth Sandor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert E. Choates 343 South Deen St., Aberdeen, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity. — Interval Between Onset And Death: 14 hr. 40 Min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Oct., 1953, to 19 Oct., 1953, that I last saw the deceased alive on 19 Oct 1953 and that death occurred at 1710, from the causes and on the date stated above.

SIGNATURE Milton Gordon (Degree or title) Capt MC ADDRESS 2151-1 USAH, Ap Gr, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/21/53 NAME OF CEMETERY OR CREMATORY Bt Cemetery LOCATION (City, town, or county) Aberdeen (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Oct 21-53 REGISTRAR'S SIGNATURE Lillie R. Gray

24. FUNERAL DIRECTOR John G. Darring ADDRESS Aberdeen Md.

1003262-10

RECEIVED
OCT 30 1913
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 165

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Aberdeen RD#1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Winfield (Middle) — (Last) Cooper
4. DATE OF DEATH (Month) Oct (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-8-93
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: J. Clinton Cooper
14. MOTHER'S MAIDEN NAME: Mary S. Jewens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Nelson Cooper, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1944 to 10/20, 1953, that I last saw the deceased alive on Oct. 20, 1953, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE: Charles J. Foley (Degree or title) M.D. — ADDRESS: 1 Hanover Drive Md. — DATE SIGNED: 10-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 23, 1953 — NAME OF CEMETERY OR CREMATORY: Wesleyan Chapel — LOCATION (City, town, or county): Harford Co. (State): Md.

DATE REC'D BY LOCAL REG.: Oct 21-1953 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; MARYLAND; LENGTH OF STAY (In this place) 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WALTER		ENGLER	October	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/8/1914	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Mechanic	Garage	Newark N. J.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward W. Engler	Amelia Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war, dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	Mrs. Mary Engler, Abingdon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Hoard M.D. Ass't. Medical Examiner	700 Fleet St.-Balto. 2, Md.	10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/13/53	Angel Hill	Hardyston, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
OCT. 13, 1953	A. L. Lewis M. D.	Funeral Home	Hardyston, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10125

CERTIFICATE OF DEATH

Reg. Dist. No. 181

(C)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Army Chemical Center
STREET ADDRESS (If rural give location) Qtrs 211 Upper North

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Charles (Last) Forsthoff

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 18 1953

9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days 3 IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ____

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles William Forsthoff

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Forsthoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ____

16. SOCIAL SECURITY NO.: ____

17. INFORMANT & ADDRESS: Charles W. Forsthoff 211 Upper North

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 776X DUE TO Prematurity — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____ **19b. MAJOR FINDINGS OF OPERATION** ____ **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ____ PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ____ (CITY OR TOWN) ____ (COUNTY) ____ (STATE) ____

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ____ INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? ____

22. I hereby certify that I attended the deceased from 18 Oct., 1953, to 21 Oct., 1953, that I last saw the deceased alive on 21 Oct., 1953, and that death occurred at 0200, from the causes and on the date stated above.

SIGNATURE (Degree or title) Austin Gordon Capt. M.C. — ADDRESS 2151-1-USAH, APG, Md. — DATE SIGNED 21 Oct 53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/24/1953 — NAME OF CEMETERY OR CREMATORY Post Cemetery, Army Chemical Center — LOCATION (City, town, or county) Harford (State) Md.

DATE REC'D BY LOCAL REGISTRAR October 28-53 — REGISTRAR'S SIGNATURE Nettie K. Perry

24. FUNERAL DIRECTOR ADDRESS Howard K. Mc Comas & Son, Abingdon, Md.

2003314301

CEIVED
CT 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

iu126

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylor — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Minnie Mae (Middle) Alice (Last) Hill Goldberg

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: September 23 1904

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days 27 If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntley, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerry Ruson Hill

14. MOTHER'S MAIDEN NAME: Mary ~~Belle~~ Francis Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hope Evelyn Hill McDermott Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition — 4 Months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ulcerative Colitis, and Enteritis — 12 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Uterine Fibroids — 3 yrs.

19a. DATE OF OPERATION: 7/18/53

19b. MAJOR FINDINGS OF OPERATION: Marked Hemorrhagic colitis & Enteritis. Colon removed

20. AUTOPSY? ☐ Yes ☒ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1944, to Oct. 14, 1953, that I last saw the deceased alive on Oct. 13, 1953, and that death occurred at 9:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alfred F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 10/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 16, 1953 — NAME OF CEMETERY OR CREMATORY: Washington National Cem. — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 10-16-53 — REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: Martin L. Kurtz — ADDRESS: Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air RFD; LENGTH OF STAY (In this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air RFD #1; STREET ADDRESS (If rural, give location) Thomas Run

3. NAME OF DECEASED (Type or Print): (First) Augustus (Middle) — (Last) Hill

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 17 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agriculture Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gabriel Hill

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Willard Hill Bel Air RD #1 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Arteriosclerotic C V disease — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air 11/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Oct. 24, 1953; NAME OF CEMETERY OR CREMATORY Asbury; LOCATION (City, town, or county) Bel Air Md (State)

DATE REC'D BY LOCAL REG. 10-24-53; REGISTRAR'S SIGNATURE Priscilla Foxwood; 24. FUNERAL DIRECTOR ADDRESS Howard R. McComas & Son Abingdon Md

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Havre de Grace
MARYLAND LENGTH OF STAY (in this place) 72 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS none X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural give location) 4 Glenwood Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) Chester (Last) Holquist

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 24, 1900 | 9. AGE Last birthday: 53 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co
11. BIRTHPLACE (State or foreign country): Elk County Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Holquist
14. MOTHER'S MAIDEN NAME: Lena Stoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no | (If Yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Jeanette E. Holquist 4 Glenwood Rd. Essex, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis DUE TO (c) Cardiac Hypertrophy

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1953 to 10-12, 1953, that I last saw the deceased alive on 10-11, 1953, and that death occurred at 7:45, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Leure MD ADDRESS Havre de Grace Md DATE SIGNED 10-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 14, 1953 | NAME OF CEMETERY OR CREMATORY Rock Run | LOCATION (City, town, or county) Harford Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct 13 '53 | REGISTRAR'S SIGNATURE Bertha B. Knight

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0129

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: Aberdeen, Maryland
COUNTY Hartford MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen, Maryland X
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 US Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Hartford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen X
STREET ADDRESS (If rural give location) 13 Kelton St Lee Village

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Troy (Last) Horton
4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 30 Sep 53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Troy L Horton
14. MOTHER'S MAIDEN NAME: Carolyn M Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT & ADDRESS: Troy L Horton-Father 13 Kelton St., Lee Village, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity — Interval Between Onset And Death 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Sept, 1953, to 2 Oct, 1953, that I last saw the deceased alive on 2 Oct, 1953, and that death occurred at 18:45, from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Gordon, Capt. M.C. ADDRESS APG Md. DATE SIGNED 2 Oct. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF Oct. 3-1953
NAME OF CEMETERY OR CREMATORY Gadsden Cemetery
LOCATION (City, town, or county) (State) Gadsden, Alabama.

DATE REC'D BY LOCAL REGISTRAR Oct. 3-1953
REGISTRAR'S SIGNATURE Nellie K. Ferry
24. FUNERAL DIRECTOR John G. Farring
ADDRESS Aberdeen Md.

2293233363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. C1

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.P.G. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEL AIR X
STREET ADDRESS (If rural, give location) GORDON ST.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) MAMBER (Last) JORGENSON
4. DATE OF DEATH (Month) (Day) (Year) Oct 19, 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC. 4, 1923
9. AGE last birthday 29 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEMOLITION EXPERT
10b. KIND OF BUSINESS OR INDUSTRY U.S. GOV'T.
11. BIRTHPLACE (State or foreign country) PHILADELPHIA, PA.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME HENRY JORGENSON
14. MOTHER'S MAIDEN NAME STELLA MAMBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 097-14-5455
17. INFORMANT AND ADDRESS EILEEN JORGENSON, BELAIR, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Fracture R femur — 911.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Aberdeen Proving Road (CITY OR TOWN) Aberdeen (COUNTY) Harford (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 10/19/53 3P m.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Military shell exploded

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford County Bel Air Md 10/20/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 10-23-53
NAME OF CEMETERY OR CREMATORY WESLEY CHAPEL CEM.
LOCATION (City, town, or county) (State) ROCK HALL, MD.

DATE REC'D BY LOCAL REG. Oct 22-1953
REGISTRAR'S SIGNATURE Nellie R. Percy
24. FUNERAL DIRECTOR John H. Harkins ADDRESS Delta Penna

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (In this place) 3 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE AA — COUNTY ##
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS 516 - 15th St NE (If rural, give location) Washington D.C.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Knechtel

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1953

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH: Apr 9 1883 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed — 10b. KIND OF BUSINESS OR INDUSTRY: Barber — 11. BIRTHPLACE (State or foreign country): Austria — 12. CITIZEN OF WHAT COUNTRY? Foreign

13. FATHER'S NAME: Benedict Knechtel — 14. MOTHER'S MAIDEN NAME: Mary Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Lee Knechtel 516 - 15th St NE Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Leroy C Palmer MD Deputy Medical Examiner Harford County Bel Air Md. 10/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct 12/53 — NAME OF CEMETERY OR CREMATORY Prospect Hill — LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REG. 10-9-53 — REGISTRAR'S SIGNATURE Priscilla Forwood — 24. FUNERAL DIRECTOR — ADDRESS Joseph T Foster Bel Air Md

VS. A15A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 2½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKS (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DELHIA (Middle) MILLIE (Last) McGRADY

4. DATE OF DEATH (Month) (Day) (Year) October 19, 1953

5. SEX FEMALE

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH June 6, 1868

9. AGE last birthday 85 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Shelton

14. MOTHER'S MAIDEN NAME HESTER ANN SEXTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Ralph Slade, Street, Harford Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
46 Immediate cause	(a) CONGESTIVE HEART FAILURE	1 WEEK
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE - ARTERIOSCLEROTIC HEART DISEASE	10 YEARS
	(c) ANEMIA, CHRONIC	1 MONTH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY - AGE 85 -

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7/, 1948, to Oct/19, 1953, that I last saw the deceased alive on 10/18/, 1953, and that death occurred at 6 33 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. James Thomson Jr. MD 10/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct 21 1953

NAME OF CEMETERY OR CREMATORY Upper Cross Roads Baptist

LOCATION (City, town, or county) (State) Upper Cross Roads, Harford Co. Md

DATE REC'D BY LOCAL REG. Oct. 19-53

REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR Charles E. Kurtz ADDRESS Carrelisville Md

VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10133

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street R.D. LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print) (First) Einar (Middle) Edward (Last) Odegard

4. DATE OF DEATH (Month) October (Day) 15 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 7 1891
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Dairy Farmer
11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eleanor Edgard
14. MOTHER'S MAIDEN NAME Dort Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Louise Odegard Street Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound abdomen

919.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH --

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) Street (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 15 (Year) 53 (Hour) 9 A m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Shot gun on wagon discharged

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 10/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 19 1953
NAME OF CEMETERY OR CREMATORY Slate Ridge
LOCATION (City, town, or county) Delta (State) Pa

DATE REC'D BY LOCAL REG. 10-19-53
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR H. Howard Webb Farm ADDRESS Grove Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
OCT 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill — LENGTH OF STAY (In this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mancie (Middle) C. (Last) Osborne

4. DATE OF DEATH (Month) Oct. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 8, 1881

9. AGE last birthday: 72 yrs. — If under 1 year: Months 9, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmowner

11. BIRTHPLACE (State or foreign country): Helton, Ash Co. N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wiley Winton Osborne

14. MOTHER'S MAIDEN NAME: Jane Mink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Debra Graybeal Osborne, Forest Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture lumbar vertebra with transection spinal cord — Interval Between Onset and Death: 2 hours

835X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm
(CITY OR TOWN) Forest Hill (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 10/10/53 6 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Tractor overturned on him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD, Deputy Medical Examiner Harford Co. Bel Air Md 10/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 13, 1953
NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens
LOCATION (City, town, or county) (State): Bel Air, Harford Co. Md.

DATE REC'D BY LOCAL REG. 10-11-53
REGISTRAR'S SIGNATURE: Priscilla Fawood
24. FUNERAL DIRECTOR: Martin G. Kurtz
ADDRESS: Jarrettsville, Md.

VS. A-5A

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OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 125

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa — COUNTY Lanc.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lancaster
STREET ADDRESS (If rural, give location) 827 Union St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) F (Last) Porter Jr.
4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 23, 1921
9. AGE last birthday: 32 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator
10b. KIND OF BUSINESS OR INDUSTRY: Posey Iron Works
11. BIRTHPLACE (State or foreign country): Lancaster, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry F Porter Sr.
14. MOTHER'S MAIDEN NAME: Maude Urban

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Ruth Porter 827 Union St Lancaster, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Electrocution —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

917.3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Lancaster Iron Works (CITY OR TOWN) Perryville (COUNTY) Cecil (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Oct 1 1953 3 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Crane hit high Tension wire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Md. 10/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 10, 1953
NAME OF CEMETERY OR CREMATORY: Cedar Lawn Cemetery
LOCATION (City, town, or county) (State): Lancaster, Pa.

DATE REC'D BY LOCAL REG.: Oct 7-53
REGISTRAR'S SIGNATURE: A. E. Lewis M.D.
24. FUNERAL DIRECTOR — ADDRESS: Cunningham Funeral Home

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10136

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 3 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anderson (Last) Reynolds

4. DATE OF DEATH: (Month) October (Day) 7, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12-23-95

9. AGE last Birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Newton Anderson

14. MOTHER'S MAIDEN NAME: Ella M Blackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harold W. Reynolds, Perryville, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive failure.	1hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	15 years
	(c) Essential hypertension	20 years

443

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify (that) I attended the deceased from 10-2-53 to ....., 19....., that I last saw the deceased alive on 10-7-53, and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Harford Mem. Hosp. 10-7-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-9-1953	Principio	Principio Furnace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 8-1953	A. L. Lewis M.D.	Wm. A. Patterson & Son	Perryville, Md.

VS-T

RECEIVED
OCT [illegible] 53
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; MARYLAND LENGTH OF STAY (In this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS Foust Hill X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) SCHMIDT

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 5 1876

9. AGE Last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: August Schmidt

14. MOTHER'S MAIDEN NAME: Anastasia Glovere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Amelia Schmidt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset and Death: 10 da

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OCCLUSION Left Femoral Artery — 48 hrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar ....., 19 50., to Oct 28., 1953., that I last saw the deceased alive on Oct 28, 1953, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) ADDRESS: Forest Hill Md DATE SIGNED: 10/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 31, 1953

NAME OF CEMETERY OR CREMATORY: Bellair Memorial

LOCATION (City, town, or county) (State): Bel Air Md

DATE REC'D BY LOCAL REG. 10-30-53

REGISTRAR'S SIGNATURE: Priscilla Fowood

24. FUNERAL DIRECTOR: W.H. Archer

ADDRESS: Benson Md

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH

COUNTY: Harford — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen X — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2151-1 U S Army Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood X

STREET ADDRESS (If rural give location): 60 Battle Street.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Andrew (Last) Stoutingberg

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. (SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: 10/18/53

9. AGE last birthday: — yrs.

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 7 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LeRoy Stoutingberg

14. MOTHER'S MAIDEN NAME: Nancy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: LeRoy Stoutingberg - Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Prematurity — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Oct, 1953, to 18 Oct, 1953, that I last saw the deceased alive on 18 Oct, 1953, and that death occurred at 0.8 00, from the causes and on the date stated above.

SIGNATURE: Wilbur Gordon (Degree or title) Capt, MC — ADDRESS: 2151-1-USAH-APG, Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/20/1953 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Aberdeen Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 19-1953 — REGISTRAR'S SIGNATURE: Nellie V. Terry

24. FUNERAL DIRECTOR: John G. Tarring — ADDRESS: Aberdeen Md.

2003183362

RECEIVED
OCT 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-50

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE — LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WILLIS (Last) THOMPSON III

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Oct 15 1953

9. AGE last birthday: — yrs. If under 1 year: Months — Days 1½ If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES WILLIS THOMPSON JR

14. MOTHER'S MAIDEN NAME: MARGARET JOAN PAGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: JAMES THOMPSON JR PERRYVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RESPIRATORY FAILURE — 1½ HRS

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYALINE MEMBRANE (?)

(c) PREMATURITY (36 WKS) EMERGENCY CESAREAN SECTION

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1953, to 17 Oct, 1953, that I last saw the deceased alive on 17 Oct, 1953, and that death occurred at 7 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

/s/ B. Norment MD — Havre de Grace Md — 17 Oct 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 18-1953 — NAME OF CEMETERY OR CREMATORY: Asbury — LOCATION (City, town, or county) (State): Fort Deposit, Md. Rural

DATE REC'D BY LOCAL REG. Oct. 17-53 — REGISTRAR'S SIGNATURE: H. K. Hamm ?/? — 24. FUNERAL DIRECTOR — ADDRESS: Wm. A. Patterson & Son, Perryville, Md.

200322534 3

VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 35
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 35
STREET ADDRESS (If rural give location) 667 Green St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Carlton (Last) Thornhill

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 20, 1934
9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther C. Thornhill
14. MOTHER'S MAIDEN NAME: Mary Sentman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr. Luther C. Thornhill, Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.3

Immediate cause (a) Pulmonary Oedema — Interval Between Onset And Death: 2 hours

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Intracranial hemorrhage — 2 hours

(c) DUE TO Traumatic Epilepsy — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1936, to Oct. 28, 1953, that I last saw the deceased alive on Oct. 28, 1953, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE Tom Wolbert M.D. (Degree or title) ADDRESS Fallsmith Mary Sen DATE SIGNED Oct 29 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 31, 1953
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) Havre de Grace (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 30-53
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

REC
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt #1 near Bel Air.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural give location) Rt #1 near Bel Air.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) CALVIN (Last) UMBARGER

4. DATE OF DEATH: (Month) OCTOBER (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug 18-1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lafayette Umbarger
14. MOTHER'S MAIDEN NAME: Susan Umbarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Ross Todd - Bel Air #1. md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	CARDIO-RESPIRATORY FAILURE	24 HOURS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	HYPOSTATIC PNEUMONIA	24 HOURS
	DUE TO (c)	ADVANCED ARTERIOSCLEROSIS	8 MONTHS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to OCT ....., 1953, that I last saw the deceased alive on 17 OCT ..., 1953, and that death occurred at 12:00 NOON, from the causes and on the date stated above.
SIGNATURE (Degree or title) H. P. Sidwell M.D. ADDRESS Bel Air, Md DATE SIGNED 17 Oct. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/20/53
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) (State) Aberdeen, md.
DATE REC'D BY LOCAL REGISTRAR 10-19-53
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR John G. Farring - ADDRESS Aberdeen, md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
OCT 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

180 +81

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15A

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon; HOSPITAL OR INSTITUTION OR STREET ADDRESS X; MARYLAND — LENGTH OF STAY (in this place) instant

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN X; STREET ADDRESS (If rural, give location) 414 S. PHILADELPHIA BLVD

3. NAME OF DECEASED (Type or Print): (First) Vern (Middle) HENRY (Last) Westover

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6 Aug 1916

9. AGE last birthday: 37 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U S ARMY

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VERMONT 4

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: HENRY A WESTOVER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 3 YRS 10 MOS 2 DAYS

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: SERVICE RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture cervicle vertebra

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY — OR CONTRIBUTING — CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40

(CITY OR TOWN) Abingdon (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 30, 1953 8 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Ran into truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co Bel Air Md. 10/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 11/2/53

NAME OF CEMETERY OR CREMATORY Mt Auburn

LOCATION (City, town, or county) (State) White River Junction Vt.

DATE REC'D BY LOCAL REG. Nov 2 1953

REGISTRAR'S SIGNATURE Nellie R. Stroud

Marie Mouledoux

24. FUNERAL DIRECTOR Cunningham & Boyd

ADDRESS Havre de Grace, Md.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace — LENGTH OF STAY (in this place):
HOSPITAL OR ~~INSTITUTION~~ OR STREET ADDRESS: Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace RD
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Milford (Middle) W. (Last) Wilkinson

4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Feb 6 1888 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller — 10b. KIND OF BUSINESS OR INDUSTRY: Flour Mill — 11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Walter Wilkinson — 14. MOTHER'S MAIDEN NAME: Lucy M Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. W. W. Wilkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible] — 10 [illegible]

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 1953, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: Oct 26 1953 — NAME OF CEMETERY OR CREMATORY: Darlington Cem — LOCATION (City, town, or county): Harford Co. — (State): Md

DATE REC'D BY LOCAL REG.: Oct 24 1953 — REGISTRAR'S SIGNATURE: C. L. Lewis M. D. — 24. FUNERAL DIRECTOR: H. S. Bailey — ADDRESS: Darlington, Md.

RECEIVED

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BENJAMIN (Middle) FRANKLIN (Last) WILSON

4. DATE OF DEATH (Month) OCTOBER (Day) 24 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH Feb 2, 1865
9. AGE last birthday 88 yrs. If under 1 year Months 7 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Shane, Baltimore Co. Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Edwin Wilson
14. MOTHER'S MAIDEN NAME Sarah Ann Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Paul F. Wilson, Forest Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4[illegible] Immediate cause (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 15 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Cardio-Vascular Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct —, 1951, to Oct 24, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 1:53 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 10/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 27, 1953
NAME OF CEMETERY OR CREMATORY West Liberty
LOCATION (City, town, or county) (State) Shane, Baltimore Co. Md

DATE REC'D BY LOCAL REG. 10-26-53
REGISTRAR'S SIGNATURE Priscilla Fonwood
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

BUREAU V. S.

Item 18 Film G159 11-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10145

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 35 LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Perryville~~ Port Deposit
STREET ADDRESS (If rural, give location) none 07X-2

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) FRANKLIN (Last) ~~WYMER~~ Wimer
4. DATE OF DEATH (Month) October (Day) 28 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 18. 1951
9. AGE last birthday 2 yrs. If under 1 year Months 9 Days 10 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard W. Wimer
14. MOTHER'S MAIDEN NAME Margaret Crandall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS R. W. Wimer, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

057.0 Immediate cause (a) Acute meningitis, meningococcal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Joseph A. Jachimczyk (Degree or title) ADDRESS Ass't. Medical Examiner-700 Fleet St.-Balto.2, Md. DATE SIGNED 10/28/53

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/30/53 NAME OF CEMETERY OR CREMATORY Hopewell LOCATION (City, town, or county) Port Deposit, Md. (State)

DATE REC'D BY LOCAL REG. Oct. 30-53 REGISTRAR'S SIGNATURE A. L. Lewis M.D. 24. FUNERAL DIRECTOR [illegible] ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV 2 1953
BUREAU V. S.

Items 18&21&22 Film G159 11-20-53 ams

10146

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa X — LENGTH OF STAY (In this place) 2 yrs., ?	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Connie John Wright

4. DATE OF DEATH (Month) (Day) (Year): October 17 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	divorced	11/11/1908	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Owner	North Carolina 30	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frazier Wright	Battie Elizabeth Killon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
yes ✓	WW 2	246-22-3641	Mrs. Everett Handy, Ennice, N.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

880.0 Immediate cause (a) Pending Investigation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Poisoning by ethyl alcohol

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholic

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	home		(12)	

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/20/53	Saddle Mountain	Ennice	North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/20/53	Marie M. Mondsdale	Howard K. Mc Comas & Son, Abingdon, Md.,	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-5A

RECEIVED
NOV 4 1953
BUREAU V. S.